

ADMISSION REGISTER FORM - NURSERY

Confidential Information

LODDON INFANT & NURSERY SCHOOL

FORENAME of CHILD	SURNAME	OTHER NAMES (also known as)
(As shown on birth certificate) If appropriate, please underline the name by which the child is to be known.		

CURRENT HOME ADDRESS			DATE OF BIRTH
POSTCODE	TEL No.	E-MAIL	
			SEX M / F (Please circle as appropriate)

PARENT(S) with whom the child is living. It is essential to notify the school if there are any changes in those persons having parental responsibility (see notes below).

RELATIONSHIP TO CHILD	Mr, Mrs Miss etc	FORENAMES/	SURNAME	DAYTIME ADDRESS & TEL NO incl. mobile

OTHER PERSONS WITH PARENTAL RESPONSIBILITY

RELATIONSHIP TO CHILD	Mr, Mrs Miss etc	FORENAMES/ INITIAL	SURNAME	DAYTIME ADDRESS & TEL No.

ALTERNATIVE EMERGENCY CONTACT(S) (Persons who can be contacted in an emergency during the day):

RELATIONSHIP	Mr, Mrs etc.	FORENAMES/ INITIAL	SURNAME	DAYTIME ADDRESS & TEL No.

CARE ARRANGEMENTS INVOLVING THE CHILD, LIVING WITH DIFFERENT PARENTS ON DIFFERENT DAYS OF THE WEEK:

PARENTAL RESPONSIBILITY is defined by THE CHILDREN ACT 1989 as all the rights, duties, powers, responsibilities and duties of parents in relation to a child and his/her property. Married parents and the unmarried mother of a child automatically have parental responsibility. When parents divorce or separate, both will retain parental responsibility. Other persons may acquire parental responsibility in a variety of ways and therefore share it with parents. An unmarried father may acquire parental responsibility by means of a prescribed formal agreement with the mother (via a solicitor) or through a court order. All persons with parental responsibility must be treated equally by schools and the LEA unless court orders exist limiting an individual's exercise of their parental responsibility. All those with parental responsibility will be eligible to vote in elections and receive school reports. They will also be eligible to be invited to parents meetings and open evenings.

FAMILY ON RECORD, those living at home CHILDREN'S NAMES (Oldest First)	DATE OF BIRTH	BOY/GIRL	SCHOOL ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS PRE-SCHOOL PROVIDER (if applicable)		TEL NUMBER																							
DATES	<input type="text"/>	<input type="text"/>																							
	<input type="text"/>	<input type="text"/>																							
DATES	<input type="text"/>	<input type="text"/>																							
	<input type="text"/>	<input type="text"/>																							
PRE-SCHOOL EDUCATIONAL EXPERIENCE (Please circle one of the following which best summarises the child's pre-statutory age school experience)																									
	Playgroup	Nursery (LEA)	Nursery (Private)	At Home	Other																				
DATES FROM and TO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
UNIQUE PUPIL NUMBER	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Example of a UPN A999123499000)
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(Please record here the DfEE specified Unique Pupil Number allocated to the child by any previous school).																									

DOES THE CHILD HAVE ANY SPECIAL DIETARY REQUIREMENTS	YES / NO	DETAILS:-

MOTHER'S OCCUPATION	FATHER'S OCCUPATION
<input type="text"/>	<input type="text"/>

NAME OF FAMILY DOCTOR	ADDRESS, POSTCODE AND TELEPHONE No.
PRACTICE/HEALTH CENTRE	
DOES THE CHILD USE AN INHALER? YES / NO	IF YES, TYPE OF MEDICATION
FREQUENCY OF MEDICATION	
OTHER MEDICAL INFORMATION RELEVANT TO THE CHILDS DEVELOPMENT AND SCHOOL LIFE. e.g Concerning hearing, sight, allergies, diabetes, epilepsy etc.	

ETHNIC GROUP (Please Circle One Of The Following): Bangladeshi Black-African Black-Caribbean Chinese Gypsy / Traveller Indian Pakistani Black-Other Mixed Background White UK Other Ethnic Group (Please Specify) <input style="width: 100px; height: 20px;" type="text"/> White Other (Please Specify) <input style="width: 100px; height: 20px;" type="text"/>	RELIGION <input style="width: 100%; height: 25px;" type="text"/> LANGUAGE SPOKEN AT HOME <input style="width: 100%; height: 25px;" type="text"/>
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DOES THE CHILD HAVE A STATEMENT OF SPECIAL EDUCATION NEEDS?	YES / NO	Please delete as applicable
DOES THE CHILD HAVE ANY ADDITIONAL PARTICULAR NEEDS?	YES / NO	
IF YES, PLEASE DESCRIBE THEM:		
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The information you have provided on this form may be held in electronic information systems and used by Norfolk County Council for the following purposes: Information and database administration, Education, Training and Healthcare. By signing this form you give consent for all the information you have supplied to be used for the above specified purposes.

Signed..... **Date**.....